

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF TEXAS
DALLAS DIVISION

| | | |
|-------------------------------|---|---------------------------------|
| TONY THANGSONGCHAROEN et al., | § | |
| | § | |
| Plaintiffs, | § | |
| | § | |
| V. | § | CIVIL ACTION NO. 3:17-CV-0609-B |
| | § | |
| UNITED STATES OF AMERICA, | § | |
| | § | |
| Defendant. | § | |

MEDIATION ORDER

The Court has determined that this case is appropriate for mediation. *See* Fed. R. Civ. P. 1, 16; 28 U.S.C. § 473(a)(6), (b)(4); Civil Justice Expense and Delay Reduction Plan of the Northern District of Texas ¶ III (1993); Tex. Civ. Prac. & Rem. Code Ann. §§ 154.001–154.073.

Mediation is a mandatory but non-binding settlement conference wherein the parties attempt to resolve their differences with the assistance of a third party facilitator: the mediator. All proceedings in a mediation session are confidential and privileged from discovery. No subpoenas, summons, citations, or other process shall be served at or near the location of any mediation session, upon any person entering, leaving, or attending any mediation session.

The parties shall make independent arrangements for payment of fees for the mediation. The costs of mediation are to be divided and borne equally by the parties unless agreed otherwise. The **named parties** and **lead counsel** for each party shall be present during the entire mediation process and each party which is not a natural person must be represented by an **executive officer (other than in-house counsel) with authority to negotiate a settlement** (the authority required shall be active, i.e., not merely the authority to observe the mediation proceedings but the authority to

negotiate, demand or offer, and bind the party represented). Counsel and the parties shall proceed in a good faith effort to try to resolve this case.

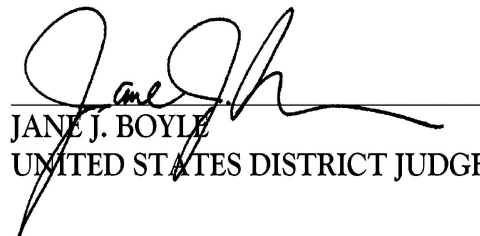
Following the mediation, the court will be advised only that the case did or did not settle. Referral to alternative dispute resolution is not a substitute for trial, however, and the case will be tried if not settled.

The Court has selected **DAVID B. COFFIN** as the parties' mediator. The parties should ensure that **Mr. Coffin** receives this Order. The mediator is directed by the Court to complete the attached Alternative Dispute Resolution Summary Form and file it with the clerk of court within ten (10) days after the mediation session is completed. *If the mediator has not already done so, he/she is required to register for electronic case filing with the Court within ten (10) days from this Order.* More information about the Court's Electronic Case Filing system may be found at <http://www.txnd.uscourts.gov/ecf-registration>.

The Court hereby **ORDERS** the parties to complete the mediation no later than **November 2, 2018**. Failure to comply in good faith with the requirements of this order may result in the imposition of sanctions. See Fed. R. Civ. P. 16(f).

SO ORDERED.

SIGNED: April 17, 2018.


JANE J. BOYLE
UNITED STATES DISTRICT JUDGE

**IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF TEXAS
DIVISION**

ALTERNATIVE DISPUTE RESOLUTION SUMMARY

Provider must file completed form, in duplicate, with the U.S. District Clerk upon completion of ADR.

1. Civil Action number: _____
2. Style of case: _____
3. Nature of suit: _____
4. Method of ADR used: ☐ Mediation ☐ Mini-Trial ☐ Summary Jury Trial
5. Date ADR session was held: _____
6. Outcome of ADR (*Select one*):
☐ Parties did not use my services. ☐ Settled, in part, as a result of ADR.
☐ Settled as a result of ADR. ☐ Parties were unable to reach settlement.
☐ Continuing to work with parties to reach settlement (*Note: provider must file supplemental ADR Summary Form at conclusion of his/her services*).
7. What was your TOTAL fee: \$ _____
8. Duration of ADR: _____ (i.e., one day, two hours)
9. Please list persons in attendance (including party association, i.e., defendant, plaintiff):

| | |
|---|----------------------------------|
| (Provider) _____ _____ _____ _____ | _____ _____ _____ _____ |
|---|----------------------------------|

Please provide the names, addresses, and telephone number of counsel on the reverse of this form.

10. Provider information:

Signature

Date

Address

Telephone

Alternative Dispute Resolution Summary

Continued

Please provide the names, addresses, and telephone numbers of counsel:

Name: _____

Firm: _____

Address: _____

Phone: _____

Name: _____

Firm: _____

Address: _____

Phone: _____

Name: _____

Firm: _____

Address: _____

Phone: _____

Name: _____

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